

VIA FACSIMILE NO. (703) 872-9318

PATENT
DON01 P-1144

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Ricky D. Shafer
Group : 2872
Confirm No. : 9329
Applicant : Peter J. Whitehead
Serial No. : 10/790,309
Filed : March 1, 2004
For : MEMORY MIRROR SYSTEM FOR VEHICLE

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that the following papers are being facsimile transmitted to the Patent
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Claims as Amended Form (in duplicate); and
Amendment/Election.

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Dated: September 27, 2004.



Catherine S. Collins
Van Dyke, Gardner, Linn & Burkhart, LLP
P.O. Box 888695
Grand Rapids, MI 49588-8695
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CSC:lmse
Enclosures

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Dear Sir:

Transmitted herewith is an amendment in the above identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 60	Minus	** 47	= 13	x \$9	\$.00	x \$18	\$234.00
Independent Claims	* 6	Minus	*** 5	= 1	x \$43	\$.00	x \$86	\$86.00
First Presentation of Multiple Dependent Claims					\$145	\$	x \$290	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00		\$320.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

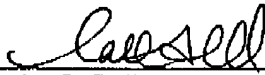
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The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ No additional Fee is required.
2. ☐ A check in the amount of \$_____ is attached.
3. ☒ Please charge the amount of \$320.00 and any additional fees or credit overpayment to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

By: VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: September 27, 2004


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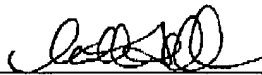
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